

**Board of Psychology – Administration**

2005 Evergreen Street Suite 1400, Sacramento, CA 95815

Phone 916-263-2699 Fax 916-263-2697 | www.psychboard.ca.gov

**PSYCHOLOGICAL ASSISTANT REGISTRATION RENEWAL APPLICATION****DO NOT MAKE SUPERVISION, NAME OR ADDRESS CHANGES ON THIS FORM**

NAME: _____ REG. #: PSB _____ EXP. DATE: 01/31/09

SUPERVISOR: _____ LICENSE #: _____

Since you last renewed your registration, have you been convicted of or pled guilty or nolo contendere to any violation of any law of any state, the United States, or a foreign country? You must disclose all misdemeanors and felonies (including but not limited to civil, welfare, health and safety, vehicle, or penal code convictions) and any conviction which has been dismissed under Section 1203.4 of the Penal Code. () Yes () No

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature_____
DateCheck the functions which are primarily being performed by the psychological assistant:☐ Individual therapy☐ Therapy w/ children☐ Workers' compensation evaluations☐ Group therapy☐ Hypnosis☐ Other: Explain _____☐ Psychological testing☐ Biofeedback☐ Child custody☐ Administrative clerical work

Check the type of supervision being provided to the psychological assistant and provide the amount of each type of supervision provided:

☐ Individual _____ hrs/wk☐ Group _____ hrs/wk☐ Other _____ hrs/wk: Explain _____

List the location(s) at which the psychological assistant provided psychological services:

Name _____
Address _____
_____Name _____
Address _____

In lieu of submitting documentary evidence of the employer/employee relationship, we do hereby certify that this relationship is that of employer/employee as required by the Laws and Regulations Relating to the Practice of Psychology. We declare under penalty of perjury under the laws of the State of California that the information provided on this form is true and correct. We further declare that the supervisor of the psychological assistant whose signature appears below is rendering professional services in the same work setting at least 50% of the time professional services are being rendered by the psychological assistant in that same setting. We further declare that the limited psychological functions performed by the psychological assistant were within his/her education and training as well as the education, training and experience of the supervisor.

Signature of Employee_____
Date_____
Signature of Employer_____
Date_____
Signature of Supervisor_____
Date

Return this letter to the above address as soon as possible along with the required renewal fee of \$40.00. An additional \$20.00 delinquency fee will be required if the renewal payment is received thirty days after the expiration date. Upon receipt and review of the above information, your renewal application will be processed. If you have any questions, please call 916-263-2699.